

HEALTH CARE ADVISORY BOARD

Meeting Summary January 13, 2003

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
John Clark
Pamela Herbert
J. Martin Lebowitz
Susan Randall
Rosanne Rodilosso
David West
Timothy Yarboro

GUESTS

JoAnne Jorgenson - Health Department
Diane Anderson, McLean Bible Church
Elizabeth Baker, Walsh, Colucci, Stackhouse
Stephen Ruiz, PBS&J
Philip Pearl, Children's National Medical Ctr.

STAFF

John Ruthinoski

The meeting was called to order at 7:30 p.m.

Approval of the Minutes

The minutes of the November 6, 2002 HCAB meeting were accepted as submitted.

McLean Bible Church Zoning Application

Marlene Blum began by explaining that the meeting would consist of a presentation by the applicant, followed by public testimony. She noted that there was a sign-in sheet at the top of the auditorium for people who had not signed up in advance.

Elizabeth Baker began by reporting that McLean Bible Church (MBC) proposes to construct a 70-bed facility for the provision of overnight, weekend and week-long respite care for children with special needs and their siblings. The facility will also offer a flex-care program for children of working parents before and after school, early intervention services for children from newborn through two years-old, and other supplemental therapy services. Services will be available to anyone in Fairfax County, not only members of the Church. She noted that MBC currently provides a week-end and evening respite program which is utilized by people as far away as Loudoun County. She also reported that it was originally believed that the facility would require a Certificate of Public Need from the Virginia Department of Health (VDH), as it most closely resembled a Nursing Home. However, after meeting with VDH over the summer, it was decided that the facility would be licensed as a Children's Residential Facility through the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

Steve Ruiz, the building's architect and also a parent of a child with Down's Syndrome, spoke briefly about the design of the facility, which similar to a Sunrise Assisted Living Facility, is resort-like and not intended to appear "institutional". He noted that the building is separated into wings, each of which has bedrooms clustered around an interior space. All of the two storey facility's interior rooms are residential size.

Dr. Philip Pearl, a member of the McLean Bible Church's Board of Directors and a pediatric neurosurgeon at Children's Hospital, spoke of the medical benefits of the proposed facility. He also noted that while he is a Board member, he is not a church member. He also disclosed that he is (MBC Pastor) Lon Solomon's daughter's doctor. He noted that while Fairfax County is a leader in education for children with special needs, it has very little to offer in terms of services. He added that he hoped to see the facility used as a teaching center when it is completed. He noted that there were very few respite options available for this population, with only a few beds at Iliff nursing home and some at St. Mary's in Richmond. He called the proposed project a magnanimous gesture on the part of the church and described it as one of the most exiting innovations he has seen in the care of any patient population.

Diane Anderson, director of Access Ministry for McLean Bible Church, then spoke about the proposed project. She reported that the Access Ministry began about six years ago with a Sunday school class for 4 students diagnosed with multiple disabilities. Currently, the church serves over 700 children and their families with services including respite care, summer camp, bible classes, financial assistance, and even provides hair cuts. She noted that many County agencies have called MBC attempting to refer clients to the Church's services. Regarding the need for the facility, she presented data that estimated a total of 4,960 children with moderate to profound disabilities in Fairfax County, and another 3,000 in Arlington, Alexandria, and Loudoun County. She described the objective of the proposed facility as the provision of additional respite care options for the families, as well as to facilitate interaction between children with and without disabilities. She also noted that the Church hopes to develop a model that could be replicated throughout the United States. She also explained that the facility would be licensed under the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRAS) and that paid staffing would exceed the minimum standards for this type of facility for every level of caregiver. She also noted that this does not include volunteer staff. She added that there are many people who have contacted that Church expressing a willingness to volunteer at the facility.

Regarding the cost of developing and operating the facility, she noted that the Church has reviewed the estimated expenses and believes that it will be able to cover them with a combination of mostly private donations and outside grants, aided by insurance payments and user fees. She added that the Church examined the feasibility of providing respite services at client's homes, but determined that developing a facility was more cost effective and would serve a much larger number of children. She closed with a short film about the patient population which would use the facility.

Written testimony regarding the application which had been received prior to the public hearing was then distributed to the HCAB. Public testimony was then taken, with 22 people speaking. 15 people spoke in favor of the facility and 7 against. The majority of those opposed to the facility were neighborhood residents, with one member of the Health Systems Agency Board testifying with concerns the facility's licensing and financing. The majority of those testifying in favor of the facility were parents of special needs children, most of whom use the church's services. Many of these parents noted they were not church members. A representative of the Arc of Northern Virginia testified in favor of the facility and Lon Solomon, pastor of McLean Bible Church, also testified.

Marlene Blum noted that many HCAB members had questions regarding staffing of the facility. She noted that the staffing ratios presented at the meeting were different than those provided in the applicant's written submission. Diane Anderson reported that there would be one caregiver for every 10 children during the overnight hours. However, this does not include volunteers or nurses, of which there will be 2 RNs and 4 LPNs. for each shift. Marlene Blum asked if the caregivers will have a professional degree. Diane Anderson responded that the church is working with Sunrise Assisted Living in developing a training program for the caregivers, who will be similar to nursing aides. Dr. Lebowitz asked if MBC would be training these staff themselves, noting that there are not a whole lot of people capable of providing this type of service in the community. Diane Anderson responded that she did not think MBC would have a shortage of people who would want to work for them. She added that DMHMRSAS would provide some training for staff, as they will be licensing the program.

Susan Randall asked about what type of oversight will be provided by DMHMRSAS. Diane Anderson responded that MBC must provide quarterly reports and that there would be site visits. Susan Randall asked if the facility's staffing ratios comply with the regulations. Diane Anderson reported that in all cases they exceeded the regulations. Susan Randall asked if MBC would be doing background checks on prospective employees and volunteers. Diane Anderson responded that the training and orientation process will include a criminal background check. Dr. Herbert noted that different children will need differing levels of care. She asked how the facility would parse out care based on the level of need and how they would decide on staffing levels. Diane Anderson noted that the facility would open with only 30 beds. Certain levels of care would be restricted to a limited number of slots. For example, there might only be 4 spots available on any given night for children under 4 or children needing trach tubes. This would ensure that the staff would not be overwhelmed on any given night.

Marlene Blum asked if they were planning to offer skilled nursing care. Diane Anderson noted that the facility would not be able to accept children who were medically fragile. Susan Randall asked what kind of screening criteria they would use. Diane Anderson responded that MBC cannot currently accept everyone who wants to use their services. Even when providing in-home respite, their volunteers cannot provide skilled nursing

care. For example, the facility will not be able to accept children with severe behavioral needs. These children would need to have care provided in-home, or the church would work with parents to find other options for care. Marlene Blum asked about the difference between the early intervention program and the respite program. Diane Anderson responded that the two programs were separate, although there would be children who used the services of both programs. The early intervention program would be run similar to a program at Shalva entitled "me and my mommy," which involved parents and children.

Dr. Lebowitz asked if the facility would have a medical director. Diane Anderson responded that MBC had not approached anyone about being the medical director. Dr. Lebowitz responded that while he felt there needed to be a medical director, he also realized that the children with physical disabilities would pose a problem for a medical director who was primarily a behavioral health specialist. Diane Anderson reiterated that the program would not be able to serve children with severe physical needs. Dr. Lebowitz commented that while he has nothing but admiration for their plan, it is the families of children with severe physical needs who are most in need of respite care. Dr. Pearl noted that the model they are developing is similar to that used at Iliff nursing home. He added that he did not think that it would be difficult to get a pediatrician to serve as the facility's medical director. If issues arose that were outside of their realm of experience, they would call on other professionals for a consultation as needed. He added that he would most likely be volunteering for the position.

Rose Chu asked if young adults who were still living at home would be eligible for the facility's respite care services and if there were an age limit. Diane Anderson responded that adults would be allowed to use the program, provided that they were living at home and being cared for by their parents. She added that one area of the facility will be set aside for adults. Rose Chu noted that the HCAB has heard that there are no day programs available for graduates of special education. Diane Anderson responded that MBC is working with the Arc of Northern Virginia to develop a day program which would run out of MBC.

Susan Randall asked how the facility would handle medical emergencies. Diane Anderson said that they would call 911. Susan Randall asked if MBC would be working with the Fire and Rescue Department (FRD) to familiarize them with the program. Diane Anderson said that FRD comes to the current respite program about twice per year. Dr. Pearl stated that he did not see why emergencies would be treated any differently at the facility than they would at the patient's home, noting that there are protocols about how to handle emergencies. Dr. Herbert explained that she is an emergency room physician and she thought that there was a big difference in how a child's parent and a nurse's aide who has only known the child for a few hours might respond to a potential emergency. She added that she would have liked to have heard that the RN would have a "crash cart" prepared in case of an emergency. Diane Anderson noted that MBC has a lengthy family form that parents must fill out before

they can be admitted to the program. Dr. Yarboro asked if MBC would be transporting the children in the ancillary care program to and from other services. Diane Anderson responded that MBC would like to be able to provide as much as possible under one roof. However, they would work with FCPS and the patient's doctor in developing a plan of care. Ultimately, the decision of where a child receives care will rest with the parents. Dr. Yarboro asked if the \$200,000 cost of liability insurance was realistic. Diane Anderson responded that MBC expected this figure to go up.

Marlene Blum noted that MBC has applied to become a provider under Medicare and Medicaid. Diane Anderson replied that they have, but they would only be able to be reimbursed if the children have applied for and received the waiver. She added that they have not put a whole lot of stock into receiving funding from Medicaid. Marlene Blum noted that the facility has estimated an average cost per child of \$275 for respite care, but that no one would have to pay more than \$50/night for care. In addition, MBC's submission states that no one would have to pay if they could not afford it. She stated that she knows that MBC has been successful at fundraising, but asked how they would be able to do operate the facility with essentially no income. Diane Anderson noted that the cost of respite care would actually only be \$225/night (the previous figure factored in the cost of some therapy), but that these costs would almost certainly rise by the time the facility opens in 2-3 years. She added that they are still working through the finances. She noted that MBC currently subsidizes the \$5 -\$10 cost of the evening and weekend respite program. They also have already received grants from DMHMSAS, Loudoun County, a number of foundations, and many individual families. She noted that their summer camp costs \$70,000, but that parents only pay \$12,000, with the balance being paid for by foundations. She added that she would be glad to provide the names of the foundations which have pledged funding for the facility.

Dr. Lebowitz stated that he was glad that the facility was going to open small. He asked about the break-even point for the facility in terms of occupancy. Diane Anderson stated that the facility would break even when there were 50 beds opened and they were running at 85% capacity. She added that they are still working on these numbers. Marlene Blum asked if MBC will attempt to have any of their staff trained to speak other languages. Diane Anderson stated that there is a large international community which uses the church, some of whom will help interpret. Marlene Blum asked if in addition to having their own bus, if MBC would use FCPS for transportation. Diane Anderson responded that the FCPS must transport any child with an IEP to their after school care. Marlene Blum asked if there were parents from outside the immediate area who used the church's services. Diane Anderson stated that there are some parents who come from as far away as Gainesville for their respite services. Marlene Blum noted that the current plan is to allow respite for a maximum of 7 days in a row. She asked if MBC has any intention of allowing this time limit to be expanded. Diane Anderson responded that they might consider this in an extreme situation, but did not plan to allow it on a regular basis.

Marlene Blum asked when the application is being heard by the Planning Commission. Diane Anderson reported that it is currently scheduled for April 3rd. Marlene Blum reviewed the HCAB's options. They could recommend approval or denial, take no position on the application, or defer making a decision at this time. Dr. Lebowitz stated that he did not feel prepared to vote on this application tonight. Marlene Blum suggested that he if wanted specific information from the applicant, the HCAB could ask them to provide it. Dr. Lebowitz added that the HCAB received a lot of conflicting information and that he felt they needed time to review it all before making a decision. Dr. Herbert commented that the HCAB was not making the final decision on this application. She added that she felt the HCAB needs to consider whether it feels that people presenting the application are responsible. She added that an assessment of application's qualifications is not under the HCAB's auspices, and that she felt that she could make a decision on the application tonight. Bill Finerfrock began by noting that the HCAB is facing a unique situation with this application. He added that he felt that the applicant had demonstrated due diligence and acted responsibly in developing its program. Susan Randall stated that she felt that the Board of Supervisors would have some very targeted questions for the applicant when it hears this application. Marlene Blum noted that the Board relies on the HCAB's recommendation for health-related applications. She added that no matter what decision the HCAB makes tonight, it should forward questions regarding the application to the Board in its communication. Rosanne Rodilosso stated that she originally had concerns about the idea of putting a child in a place that was unfamiliar, but that she believes the MBC will offer a caring and supportive community. Dr. Herbert commented that she felt that there were legitimate concerns about bringing a child to a facility like this. However, the parent of a child with special needs is the expert in that child's care. No parent would put their child in a situation which they thought was dangerous. She added that she was comfortable in letting parents make the decision whether to use the facility.

Marlen Blum noted that some parents may prefer to use in-home respite care, but that this facility represents another type of facility in the continuum of care of options for children with special needs. She added that she saw all kinds of kids at the facility when she visited it during Friday evening respite care, including siblings of children with special needs. She added that all the kids seemed engaged and having a good time while doing interesting things. She added that the volunteers also seemed to be engaged and involved with the kids. Bill Finerfrock noted that a couple of the speakers have warned the HCAB that they should not "miss the forest for the trees." There is a community-based organization in the community which is coming to the table offering to fulfill a huge need in the community. He added that he felt it would be a horrible message to turn them away. Rosanne Rodilosso then moved that the HCAB recommend that the Board of Supervisors approve the application. John Clark seconded the motion. Marlen Blum asked if there were any questions the HCAB wanted to ask the applicant to answer for the HCAB. She added that the HCAB would like to have the answers to these questions, but would still recommend approval. The information the applicant was asked to supply was:

- 1) Information about the appointment of a medical director and their responsibilities;
- 2) A copy of the emergency protocol to be followed by the facility;
- 3) More specific information regarding the foundations which have pledged to fund the facility;
- 4) A copy of the intake form the facility currently uses for its respite services.

The question was called and the motion passed unanimously.

There being no further business, the meeting was adjourned at 10:35 p.m.